have sustained neck trauma that had gone unnoticed.

There are reports of transient Horner's syndrome with cervical cord injuries, although all but one of the patients were paraplegic[1]. Horner's syndrome is seen after whiplash injuries to the neck[2]. Traumatic oculopupillary syndrome occurs most often in injuries of spinal nerve roots, and in rare instances is reversible[3]. In one case a 7-year-old boy, who had been sent home after treatment for soft-tissue injuries sustained in a motor vehicle accident, developed Horner's syndrome three days after the accident. He had not lost consciousness and had sustained only mild head trauma. His initial cervical spine X-ray and computed tomographic scan of the brain were both normal, but repeat cervical spine X-rays including flexion and extension views showed large separation between the spinous processes of vertebrae C7 and T1, which needed a neurosurgical intervention[4]. In another case a 43-year-old woman with sudden onset of Horner's syndrome and no history of any trauma was eventually found to have an internal carotid artery dissection[5].

Dr Impallomeni states that a 'combination of total ptosis with marked miosis excludes both Horner's syndrome and a third nerve palsy'. This may not be true. In cases of ptosis, neither the onset, completeness, presence or absence of pain nor spontaneous recovery seem to be a reliable indicator of the aetiology or site of the lesion[6]. In third nerve palsy due to an intracavernous aneurysm, the pupil is often unaffected and may often be small from simultaneous involvement of the sympathetic innervation in the paracarotid plexus[6].

An interesting point in the history was the drooping of right eyelid when tired with gradual return to normality. This raises the possibility of ocular myasthenia, which can be precipitated by stress. In this condition there are no pathognomonic features on physical examination[7].

Pupillary abnormalities, including anisocoria, accommodative abnormalities and abnormal pupillary responses, are reported in ocular myasthenia[8]—evidence that, in addition to its action at the neuromuscular junction, myasthenia gravis can affect smooth muscles or autonomic nervous system or both. Although the rugby player had no other signs of a third nerve lesion, a demyelinating lesion remains a possibility. Isolated pupil-sparing third nerve palsy can be the presenting sign of multiple sclerosis[9].

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REFERENCES

1 Ben Zur PH. Intermittent Horner's syndrome: recurrent, alternate Horner's syndrome in cervical cord injury. *Ann Ophthalmol* 1975;**7**:955–62

2 Naf E. Post traumatic Horner's syndrome (author's transl) (German). *Klin Monatsbl Augenheilk* 1978;**172**:517–20

3 Golding DN. Whiplash injuries. *Br J Rheumatol* 1992;**32**:174

4 Safran MJ, Greenwald MJ, Rice HC, Pollin KS. Cervical dislocation presenting as an isolated Horner's syndrome. *Arch Ophthalmol* 1990;**108**:327–8

5 Bilbao R, Amoros S, Murube J. Horner's syndrome as an isolated manifestation of an intrapetrous internal carotid artery dissection. *Am J Ophthalmol* 1987;**123**:562–3

6 Yusuf SW, Mishra RM. Ptosis in an elderly man. *Postgrad Med J* 1997;**73**:55–7

7 Moorthy G, Behrens MM, Dracham DB. Ocular pseudomyasthenia or ocular myasthenia plus: a warning to clinicians. *Neurology* 1989;**39**:1150–4

8 Weinberg DA, Lesser RL, Vollmer TL. Ocular myasthenia: a protean disorder. *Surv Ophthalmol* 1994;**39**:169–210

9 Newman NJ, Lessel S. Isolated pupil-sparing third nerve palsy as the presenting sign of multiple sclerosis. *Arch Neurol* 1990;**47**:817–18

Origin of the myth of vampirism

Jeffrey and William Hampl (November 1997 *JRSM*, pp 636–9) propose that the origin of the myth of vampirism was pellagra. They incidentally recall that rabies has been linked with vampire folklore[1]. That this is the most likely disease to be associated with vampirism was shown in 1982 by Gómez Alonso[2], who ten years later published a whole book on the subject[3]. Independently I had made the same hypothesis in my own book on the history of rabies[4].

One of the characteristics of vampirism is that a living being (man or animal) once bitten becomes inclined to bite—which is exactly the case with rabies, although its transmission by human bite is very rare. Furthermore, the myth of vampires and vampirism originated in Central Europe (Carpathians area) in the third part of the 18th century where the occurrence of injuries caused by rabid dogs and wolves was frequently reported.

And it is not fortuitous that the name 'vampires' has been given to hematophagous bats (*Desmodus*, *Artibeus*, *Hemiderma*) transmitting rabies to cattle and man in Central America.

Although pellagra may be related to vampirism, rabies seems to be the more probable disease having inspired it.

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REFERENCES

1 Heick A. Prince Dracula, rabies and the vampire legend. *Ann Intern Med* 1992;**117**:172–3

2 Gómez Alonso J. Rabia y vampirismo, hipotesis sobra una interpretacion médica del vampirismo. *Jano* 1982;(514):30–3

3 Gómez Alonso J. *Rabia y Vampirismo en la Europa de los Siglos XVIII y XIX*. Tesis Doctoral. Madrid: Facultad de Medicina, Universidad Complutense de Madrid, 1992

4 Théodoridès J. *Histoire de la Rage, Cave Canem*, Paris: Masson, 1986:78–9

Radiotherapy for perianal Paget's disease

In their case report (December 1997 *JRSM*, pp 688–689) Dr Butler and colleagues say that surgery is the commonest method of treatment for perianal Paget's disease. We agree; but we cannot accept their view that radiotherapy has no place in treatment because of high recurrence rates. The paper by Jensen *et al.*[1], quoted to support this assertion, reports a series of 22 patients of whom only 2 received radical radiotherapy. One of these patients, with invasive disease, received a dose of 30 Gray and no fractionation schedules were included. Most radiotherapists would regard 30 Gray as a suboptimal dose for management of invasive carcinoma if given as conventional fractions of 2 Gray. Jensen *et al.* clearly stated that the number of patients treated in their series was too small to allow any conclusion about the efficacy of radiotherapy. To our knowledge no randomized trials have been performed in the treatment of perianal